

HOT TOPICS

CURRENT ISSUES FOR ARMY LEADERS

2004

Volume 6, No. 1

Tricare

Your Military Health Plan



The Options

Continued Health Care

Pharmacy Benefits

THE best military in the world deserves the best healthcare in the world. The military family – the extended family you see at each visit to a military treatment facility – knows the sacrifices you make. I am as committed to caring for military families as I am my own.

Military families are often far from home and their social-support networks of family and friends. Tricare is the only healthcare program that is founded on respect for your emotional well-being, while ensuring that you and your family get the best possible coordinated care.

When duty places families far from a military treatment facility, Tricare provides the same quality healthcare through civilian network providers. The new Tricare contracts with these civilian providers are making a strong healthcare program even better.

You and your family's needs and best interests are the focus of my decisions. Tricare's unique healthcare delivery system, using military and civilian facilities, gives you the best access to quality healthcare providers. Tricare monitors healthcare delivery in both systems to ensure that you are completely satisfied with the healthcare you receive. You are the most important part of Tricare's mission.

Currently, the separation aspects of military life are being felt throughout the armed forces. I want you to know that whenever healthcare is needed, whether it is for the service member serving overseas or the family member at home facing a difficult diagnosis alone, I am committed to providing personalized and responsive care.

You are the best military in the world, and serving you is the most important thing I do.

DR. William WINKENWERDER JR., M.D.
Assistant Secretary of Defense
for Health Affairs



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Credits

What is Tricare?



TRICARE is the health care program for active-duty Soldiers, National Guard and Army Reserve members who are activated for more than 30 days, retirees, family members and survivors of service members. Additionally, until Dec. 31, 2004, members of the Selected Reserve of the Ready Reserve, members of the Individual Ready Reserve and their families may be eligible for Tricare (see page 12.)

Managed by the military in partnership with civilian hospitals and clinics, Tricare is designed to increase patients' access to care, assure quality care and promote medical readiness. All military hospitals and clinics are part of the Tricare program.

Quality is the cornerstone of Tricare, which uses the National Practitioner Data Bank to verify education, board certification, disciplinary and other information on civilian providers. Qualified professionals and military physicians oversee the civilian credentialing process.

DEERS • Your Key to • Health Benefits

THE Defense Enrollment Eligibility Reporting System is a computerized database of military sponsors, families and others who are entitled by law to Tricare benefits. DEERS registration is required for Tricare eligibility.

Active-duty, National Guard, Army Reserve and retired service members are automatically registered in DEERS, but they must take action to register their family members and ensure they're correctly entered into the database. Mistakes in the DEERS database can

cause problems with Tricare claims.

Sponsors or registered family members may make address changes, but only the sponsor can add or delete a family member from DEERS, and such documents as a marriage certificate, divorce decree and/or birth certificate are required.

DEERS information can be verified by contacting the regional Tricare Managed Care Support Contractor, the local Tricare Service Center or the nearest uniformed services personnel office.

Enroll Your Newborn

ENROLLING your newborn in DEERS establishes the baby's eligibility to receive essential well-baby and pediatric care through Tricare.

A newborn is covered as a Tricare Prime beneficiary in DEERS for the first 120 days after birth as long as one additional family member is enrolled in Tricare Prime or Tricare Prime Remote. After the initial 120 days, any claim submitted for a newborn not registered in DEERS will be processed under Tricare Standard until the infant's eligibility for Tricare Standard ends 365 days after birth.

To establish Tricare eligibility for newborns in DEERS, parents or legal guardians must submit a certificate of "live birth" from a hospital or Tricare-approved birthing center. They must also provide a copy of a verified and approved DD Form 1172, "Application for Uniformed Services Identification and Privilege Card."



Where to Get Care

TRICARE is divided into regions, each with its own Managed Care Support Contractor. The MCSC combines the services available at military treatment facilities and those offered by a network of local civilian hospitals and providers to meet beneficiaries' health needs.

MCSCs provide such administrative support as enrollment, disenrollment and billing. They offer customer service and educational information, and establish local provider and retail pharmacy networks. MCSCs link beneficiaries with local Tricare Service Centers.

A "provider" is the person, institution, or other

provider of services or supplies that administers health care. Examples include doctors, hospitals and ambulance companies.

Authorized providers accept Tricare regulations and are given authorized status by their Regional Managed Care Support Contractor. Authorized providers meet Tricare regulatory requirements for state licensure, accreditation by national organizations, and agree to sign a participation agreement if they become network providers.

Tricare Standard does not help pay for care from providers who are not authorized.

Who Gets Priority Care?

1. Active-duty service members and eligible National Guard and Army Reserve members.
2. Active-duty family members enrolled in Tricare Prime. Active-duty family members enrolled in Tricare Plus fall into this category for primary care appointments only. Family members of National Guard and Army Reserve members have the same priority as active-duty families.
3. Retirees, their family members and survivors who are enrolled in Tricare Prime.
4. Active-duty, National Guard and Army Reserve family members who are not enrolled in Tricare Prime. These beneficiaries may enroll in the Tricare Plus Program to receive primary care at a military treatment facility.
5. Retirees, their family members and survivors who are not enrolled in Tricare Prime. These beneficiaries may enroll in the Tricare Plus Program.
6. All other eligible persons.

The Options

ACTIVE-duty Soldiers are required to enroll in Tricare Prime by completing a Tricare Prime enrollment form. Active-duty Soldiers receive free priority care at all military treatment facilities. They pay no deductibles, premiums or co-pays for authorized medical visits and prescriptions. (See page 12 for information on National Guard and Army Reserve benefits under the Emergency Supplemental Appropriations Act for Defense and for the Reconstruction of Iraq and Afghanistan.)

Active-duty family members may choose from three Tricare plans: Prime, Extra and Standard.

Tricare Prime

Tricare Prime is the most popular option in the Tricare Program. It guarantees beneficiaries to free, priority care in military hospitals and clinics. Your health care is guided by a single primary care manager or by a team of medical professionals who work together, similar to a civilian HMO, or Health Maintenance Organization. Tricare Prime also includes such preventive checks as pap smears, mammograms and prostate screenings. Enrollment is required.

Beneficiaries of Tricare Prime may still choose to see a civilian doctor by enrolling in Prime and requesting a Primary Care Manager from the civilian Tricare network. Requests for a change of PCMs are normally honored if resources are available. Check with the contracting Tricare Service Center.

Prime beneficiaries with medical emergencies should seek care at the nearest military or civilian hospital. For non-emergency care, call your PCM for authorization before seeking civilian care. Non-emergency, civilian care that hasn't been authorized will not be fully paid by Tricare.

Tricare Prime enrollees also have what's called a point-of-service option that allows them to get Tricare-covered, non-emergency services outside the Tricare Prime network of providers without a referral from their PCM, and without authorization from a Health Care Finder. However, there's an annual deductible of \$300 for individuals and \$600 for families. After the deductible is satisfied, a cost-share of 50 percent of the Tricare allowable charges will be applied.

Members of one family may sign up for different options. For example, a child attending college without access to a military facility or Tricare Prime should use Tricare Extra or Standard.



Tricare Plus

Tricare Plus provides beneficiaries with primary care management by the MTF without locking them into an HMO-like program. Enrollees receive primary care appointments with the same access standards as Prime enrollees, but they may also obtain care from civilian and/or Medicare providers through Tricare Standard and Extra.

Tricare Plus is not available at all MTFs. Local commanders retain discretion to discontinue Tricare Plus at individual MTFs depending on capabilities and missions.

Tricare Extra

This option is for family members who prefer to receive health care from civilian sources but are willing to select doctors and specialists from their local Tricare provider directory.

The annual deductible is \$150 per individual or \$300 per family for E-5 and above, or \$50 per individual or \$100 per family for E-4 and below. A 15 percent cost-share applies after the deductible has been paid.

Enrollment is not required. There are no claim forms to file with Tricare Extra as there are with Tricare Standard.

Tricare Standard

This option is for family members who wish to receive outpatient care from civilian doctors. While this may be the most expensive Tricare option, beneficiaries are not restricted to a specific network of civilian doctors or specialists. The medical provider does not need to be a part of the Tricare civilian or military network, but must be a Tricare authorized provider. Non-network providers may or may not file beneficiaries' claims, and may bill for treatment up-front.

The annual deductible is \$150 per individual or \$300 per family for E-5 and above, or \$50 per individual or \$100 per family for E-4 and below. A 20 percent cost-share applies after the deductible has been paid. Enrollment is not required.

Beneficiaries of Tricare Extra and Tricare Standard may still seek care at military hospitals and clinics, but they will be seen on a space-available basis.

The maximum amount active-duty family members are required to pay per fiscal year for deductibles and cost-shares is \$1,000.

Tricare Prime Remote

TRICARE Prime Remote provides active-duty service members in the U.S. with the Tricare Prime option while they are assigned to duty stations in areas not served by the Military Health System.

Those eligible include:

- ❶ Active-duty personnel with a permanent duty assignment who live and work in TPR designated Zip codes more than 50 miles or one hour's drive from a military treatment facility. Where geographic boundaries create undue hardship for travel, members living closer than 50 miles may be eligible for TPR. Check eligibility based on location at www.tricare.osd.mil/remote.
- ❷ Family members of active-duty service members residing with their TPR-enrolled sponsors. Enrollment in Tricare Prime Remote for Active-Duty Family Members (TPRADFM) is optional, however family members must enroll to enjoy the benefit. Once enrolled, family members may remain in TPRADFM if the active-duty sponsor receives a subsequent unaccompanied permanent change of assignment and the family stays in the same TPR location.
- ❸ Reserve-component family members are eligible if the sponsor is called to active duty for more than 30 days and the family resides within a TPR

zip code at the location where the reserve member resided upon activation. Reserve members do not need to be enrolled in TPR for family members to be eligible, but family members must enroll to use benefits.

TPR and TPRADFM enrollees must select or be assigned a primary care manager from the local Tricare provider directory when one is available within the Tricare Prime drive-time access standards. If more than one network primary care provider is available, beneficiaries may choose the provider they prefer.

If network primary care managers are not available, beneficiaries should contact their Tricare Regional Managed Care Support Contractor to locate Tricare-authorized primary care providers.

PCMs who determine the need for specialty care must coordinate that care directly through the Regional Health Care Finder. However, beneficiaries who do not have a network PCM will need to coordinate their own specialty care with the regional HCF.

The regional HCF will coordinate active-duty TPR specialty-care referrals through the service point-of-contact at the Military Medical Support Office to determine if the specialty care must be received from a military provider for a "Fitness for Duty" determination.



Tricare Overseas

THE Tricare Overseas Program is for beneficiaries outside the Continental United States. It blends many of the features of the U.S. Tricare Program while allowing for significant cultural differences that are unique to foreign countries and their healthcare practices. The Tricare Overseas Program consists of three regions: Tricare Europe, Tricare Pacific, and Tricare Latin America and Canada.

Tricare Overseas is a dual-option benefit consisting of Tricare Overseas Prime and Tricare Overseas Standard. The Prime option is available to active-duty Soldiers and their families. It offers clinical preventive services with no enrollment fees, co-payments or deductibles. Tricare pays billed charges. Pre-authorization is not necessary for overseas enrollees traveling in the U.S., but family members will have to pay Prime co-payments.

Eligible beneficiaries are typically given the opportunity to enroll in Prime during initial processing to their new overseas duty assignments. Beneficiaries may also visit their local Tricare Service Centers to enroll. Eligible beneficiaries may enroll in Prime at any time.

Enrollment remains effective for the duration of the active-duty sponsor's overseas tour unless the family member chooses to disenroll.

Active-duty family members, retirees and their families may also choose to enroll in Tricare Overseas Standard. Under this option, beneficiaries may have to file their own claims and will often have to pay upfront for medical services. Active-duty family members are responsible for 20 percent of authorized charges, and retirees and their families are responsible for 25 percent of authorized charges.

In remote overseas locations, Tricare Management Activities has developed the Tricare Global Remote Overseas Healthcare Contract for Prime enrollees. In locations identified under the contract, International SOS — an organization recognized throughout the world for coordinating and providing healthcare services — will provide access to healthcare for routine, urgent and emergent medical conditions. Active-duty Soldiers on temporary duty, deployed or in an authorized leave status have access to urgent and emergent care without cost or claims.



Tricare Dental

ACTIVE-duty service members enrolled in Tricare Prime or living and working within 50 miles of a base should receive their dental care from the military Dental Treatment Facility at that base.

Military members who live and work more than 50 miles from the closest DTF are eligible for the Tri-Service Remote Dental Program. For information on RDP, visit www.tricare.osd.mil/tpr or http://mmso.med.navy.mil/MMSO_Dental_Info.html.

The Tricare Dental Program is open to active-duty family members, National Guard and Army Reserve members and their families, and survivors of active-duty service members. To be eligible for TDP, sponsors must have at least twelve months remaining on their service commitment. Individual and family plans are available. Benefits include comprehensive coverage for most dental services and 100 percent coverage for preventive, diagnostic and emergency services.

The maximum benefit coverage is \$1,200 per year per member for all dental care except orthodontia, for which there is a maximum lifetime benefit of \$1,500 per member. There are no deductibles.

Once enrolled, family members must stay in the TDP for at least 12 months. After that, they may continue enrollment on a month-to-month basis. For premium costs, go to www.ucci.com/was/uccweb/tdp/paying.jsp. For a directory of participating dentists, go to www.ucci.com/tdp/tdp.htm or call (800) 866-8499.

OCONUS beneficiaries are encouraged to remain enrolled in the Tricare Dental Program. Beneficiaries who live in locations that have a nearby military DTF may receive care at the DTF on a space-available basis, or obtain authorization to receive care from a civilian provider. OCONUS beneficiaries living in remote locations that do not have a nearby DTF may visit any civilian dentist, but must get a referral authorization before receiving orthodontic care.

Retirees

Tricare for Life

RETIREEES under age 65 may choose Tricare Prime, Extra or Standard. There is no annual deductible for Prime beneficiaries, but there is an annual enrollment fee of \$230 per individual or \$460 per family. Tricare Extra and Standard beneficiaries have no enrollment fee, but have an annual deductible of \$150 per individual or \$300 per family.

Tricare for Life entitles retirees and their families to maintain Tricare eligibility when they reach age 65 and become eligible for Medicare. The cost of Tricare for Life is Medicare Part B premiums.



- For services payable by Tricare and Medicare, Tricare will be the second payer.
- For services payable by Tricare but not Medicare, Tricare will pay, and you pay the annual deductible and cost share.
- For services payable by Medicare but not Tricare, Medicare pays as usual, and Tricare pays nothing.
- For services not payable by Medicare or Tricare, you are responsible for the cost.

Tricare Retiree Dental Program

THE Tricare Retiree Dental Program, administered by Delta Dental of California, is available to retirees who are entitled to retired pay, their eligible family members, and unmarried surviving spouses and children of deceased active-duty and retired members. Enrollment is voluntary and open to single, two-party and family enrollments.

Each beneficiary must pay an annual deductible of \$50, but such services as diagnostic and preventive procedures and accident coverage are not subject to the annual deductible. The total maximum annual deductible for

families is \$150.

Delta will pay up to \$1,200 allowable charges per enrollee per year for routine care. Orthodontia coverage has a lifetime maximum of \$1,200 per person. Accident coverage has an annual maximum of \$1,000 per person.

Beneficiaries may choose any licensed dentist, but will pay lower out-of-pocket costs for services provided by a network dentist.

Once enrolled, family members must stay in the TRDP for at least 12 months. After that, they may continue enrollment on a month-to-month basis. During the mandatory 12-month enrollment

period, TRDP enrollees are covered for basic restorative services, periodontics, endodontics, oral surgery and dental emergencies. After 12 months of continuous enrollment, TRDP enrollees are covered for cast crowns, cast restorations, full and partial dentures, and orthodontics for adults and children.

Monthly premiums vary according to Zip code. Enrollees currently pay \$22 to \$37 a month for single coverage, \$42 to \$71 for two, or \$71 to \$120 for a family of three or more.

For premiums and enrollment forms, go to www.ddpdelta.org.

Soldiers considering retirement should remember that enrolling in the Tricare Retiree Dental Program within four months of their retirement dates forgo the initial 12-month waiting period for certain dental procedures.

National Guard /Army Reserve



NATIONAL Guard and Army Reserve members on military duty are covered for any injury, illness or disease incurred or aggravated in the line of duty. This includes drill periods and the time while traveling directly to or from the place where you perform duty.

Under the Emergency Supplemental Appropriations Act, and the National Defense Authorization Act for 2004, members of the Selected Reserve of the Ready Reserve and certain members of the Individual Ready Reserve are also eligible to enroll in Tricare if the member is eligible for unemployment compensation or is not eligible for health benefits under an employer-sponsored health plan. This is a temporary health plan that ends Dec. 31, 2004. Beneficiaries are entitled to the same benefits as active-duty members and family members. Monthly premiums are equal to 28 percent of the actual value of the Tricare benefit. For more information on this program, go to www.tricare.osd.mil/reserve.

Also under the Emergency Supplemental Appropriations Act, Guard and Reserve members slated to serve on active duty for more than 30 days will be considered active duty and enrolled in Tricare Prime either 90 days before the date of activation or the date of issuance of their orders, whichever is later. This new provision ensures earlier enrollment in Tricare Prime, Standard or Extra. Families also become eligible for Tricare or Tricare Prime Remote when the sponsor begins active-duty status. Enrollment in DEERS is required.

Employer-Sponsored Health Insurance Options

THE rights concerning employer-sponsored health plans for National Guard and Reserve members are outlined in the Uniformed Services Employment and Reemployment Rights Act of 1994.

When called to active duty, Guard and Reserve members may continue coverage for family members under their employer-sponsored health plan for up to 18 months. However, unless you notify your employer that you wish to continue coverage, your family may be dropped from the employer-sponsored healthcare plan.

If you continue your employer-sponsored coverage for your family while on active duty for more than 30 days, you may have to pay some — or all — of the plan's full premium. The maximum you could be

charged is 102 percent of the full premium, which includes your employee share, the employer's share and a two percent administrative fee. Employers can establish their own rules within these limits. If you are on active duty for 30 days or less, the employer may not charge more than the employee's share for the coverage.

If you choose not to continue coverage under your civilian employer health plan while on active duty, you and any previously covered family members are entitled to be reinstated in your employer-sponsored health plan when you return to work, without a waiting period and without penalty for pre-existing conditions (other than a service-connected disability).

Continued Health Care

THE Continued Health Care Benefit Program provides a conversion health plan similar to Tricare Standard. The plan lasts 18 months (36 months depending on the category of the beneficiary) and is available to former service members and their families who enroll and pay quarterly premiums. Eligible persons must enroll in CHCBP within 60 days after separation from active duty or loss of eligibility for the Transitional Assistance

Management Program.

Premiums are \$933 per quarter for individuals and \$1,996 per quarter for families. CHCBP is not part of Tricare though it provides similar benefits and operates under most of the rules of Tricare. Information on CHCBP policies, procedures and enrollment forms are available at www.humana-military.com.

Transitional Assistance Management Program



THE Transitional Assistance Management Program offers transitional Tricare coverage to:

- National Guard and Army Reserve members who are ordered to active duty in support of a contingency operation for more than 30 days;
- A Soldier who is separated from active duty and involuntarily retained in support of a contingency operation;
- A Soldier who is separated from active duty following a voluntary agreement to stay on active duty for a period of less than one year in support of a contingency operation; and
- A Soldier who is involuntarily separated from active duty.

Tricare coverage is also extended to eligible family members. Sponsors and their families are eligible to receive Tricare benefits for 180 days after the sponsor's separation date. The temporary extension of health care benefits to 180 days is a provision of the Emergency Supplemental Appropriations Act for Defense and for the Reconstruction of Iraq and Afghanistan. The temporary

extension ends Dec. 31, 2004, when the extension will revert back to the old rule.

Under the old rule, for sponsors who have served less than six years, they and their families are eligible to receive Tricare benefits for 60 days after the sponsor's separation date. Families of sponsors who have served six years or more are eligible to receive Tricare benefits for 120 days after the sponsor's separation date. Active-duty sponsors and families enrolled in Tricare Prime who want to continue their enrollment upon the sponsor's separation from active duty are required to re-enroll.

The Tricare Dental Program is not a covered benefit under TAMP. Eligible family members enrolled in TDP will be responsible for the full premium. Tricare Prime Remote also is not a covered benefit under TAMP.

After TAMP eligibility expires, members and eligible family members may choose to enroll in the temporary Tricare program for National Guard and Reserve members (see page 12), or the Continued Health Care Benefit Program at the full premium rate.



Pharmacy Benefits

TRICARE beneficiaries can have prescriptions filled by pharmacies at military treatment facilities, through the Tricare Mail Order Pharmacy or through Tricare network and non-network retail pharmacies.

Prescription medications that your doctor requires you to start taking immediately should be obtained through a military pharmacy or a Tricare network pharmacy. Network pharmacies are retail pharmacies that have contracted with Tricare. The mail order pharmacy program is best used for medications taken on a long-term basis, like those for high blood pressure or diabetes.

Beneficiaries using Tricare network retail pharmacies pay \$3 for up to a 30-day supply of generic prescriptions and \$9 for up to a 30-day supply of brand-name prescriptions. It is DOD policy to substitute generic medications for brand-name medications when available. Brand-name drugs that have a generic equivalent may be dispensed at government expense only if the prescribing physician is able to justify medical necessity for use of the brand-name drug. Otherwise, the beneficiary must pay 100 percent of the prescription's cost.

Co-pays for the mail order program are \$3 for up to a 90-day supply of generic medication and \$9

for up to a 90-day supply of brand-name medication. The policy regarding mandatory use of generic medications applies to the mail order program as well.

Prescriptions are available at network retail pharmacies in up to 30-day increments and through the mail order pharmacy in up to 90-day increments.

Non-network pharmacies are the most expensive pharmacy option. When using a non-network pharmacy, the beneficiary must pay 100 percent of the cost and file a written claim to Tricare to get reimbursed for part of the expense. Cost-shares for non-network pharmacy reimbursement are \$9 or 20 percent, whichever is greater, for up to a 30-day supply of medications once applicable deductibles are met. This means that eligible beneficiaries usually receive reimbursement of up to 80 percent of the full retail price for medications, but only after meeting the Tricare annual deductible. Non-active-duty Tricare Prime beneficiaries will have to meet point-of-service deductibles and a 50 percent co-pay.

For a list of Tricare network pharmacies in your area, go to www.tricare.osd.mil/pharmacy/retailnetwork.cfm. For details about the Tricare Mail Order Pharmacy, go to www.express-scripts.com.



RESOURCES

Defense Enrollment Eligibility Reporting System

To locate the nearest DEERS Center, visit, www.dmdc.osd.mil/rsl. To update your address, visit www.tricare.osd.mil/deersaddress or call (800) 538-9552.

Tricare

The primary resource for Tricare benefits and other health information is www.tricare.osd.mil.

Tricare Dental Program

For enrollment and information, visit www.ucci.com or call (888) 622-2256.

Contacting Tricare

Tricare for Life Program
(888) 363-5433

Tricare Active-duty Programs
(888) 363-2273

Tricare Dental Program
(800) 363-8499

Tricare Retiree Dental Program
(888) 838-8737

Active Duty Claims
(800) 876-1131

Pharmacy Program
(800) 363-8667

Tricare Regions

Region 1 Northeast
(888) 999-5195
www.sierramilitary.com

Region 2 Mid-Atlantic
(800) 931-9501
www.humana-military.com/region2and5/home.htm

Region 3 Southeast
(800) 444-5445
www.humana-military.com

Region 4 Gulf South
(800) 444-5445
www.humana-military.com

Region 5 Heartland
(800) 941-4501
www.humana-military.com/region2and5/home.htm

Region 6 Southwest
(800) 406-2832
www.healthnetfederalservices.com

Tricare Central
(888) 874-9378
www.triwest.com

Region 9 and 10 Southern California and Golden Gate
(800) 242-6788
www.healthnetfederalservices.com

Region 11 Northwest
(800) 404-2042
www.healthnetfederalservices.com

Alaska
(800) 242-2788
www.hnfs.net/shared/bw1_7_12_tsc_bso.asp?ps=bw

Hawaii
(800) 242-6788
www.healthnetfederalservices.com

Europe
(888) 777-8343
www.europe.tricare.osd.mil/benefit/tsclist.asp

Latin America and Canada
(888) 777-8343
<http://tricare15.army.mil/indexReg15.htm>

Puerto Rico and Virgin Islands
(888) 777-8343
<http://tricare15.army.mil/prico15.htm>



Family-centered Care

THE Department of Defense Tricare Management Activity heralded a new era in military medicine last fall by introducing family-centered care. Military families should already be experiencing improved care before, during and after childbirth.

The shift to family-centered care was triggered by patients' desires for more individualized care. OB care accounts for about 40 percent of business in MTFs. More than 50,000 babies are born in military hospitals every year – with many fathers absent at the baby's birth because they're deployed overseas.

At the heart of family-centered care is the inclusion of fathers in prenatal visits and the baby's birth. A few years ago, expectant mothers were required to find child care for their older children during prenatal visits, but the family-centered approach welcomes siblings to participate in routine appointments and in the delivery.

Moms-to-be can also expect continuity in prenatal and postpartum care. Each woman will have her own doctor or midwife who is part of a team of doctors that will know her specific medical needs.

Expectant mothers should see improvements in

individual prenatal care, personalized pain management during and after childbirth, easier access to first trimester appointments, individualized birth plans that take into account the mother's personal preferences and cultural beliefs, lactation support and private postpartum rooms by the end of Fiscal Year 2004. Families moving during pregnancy are also assured seamless coordination between servicing medical facilities.

Hospital and clinic staffs aim to put patients' mental well-being at the forefront by addressing the stress factors unique to military families, who are often far from home and support systems.

Expectant mothers will also be able to meet the baby's future provider before birth, do admission and discharge paperwork at bedside, and enroll the baby in DEERS and Tricare before discharge.

More than \$35 million of additional resources were poured into the military health system over the last two years to make the family-centered care initiative possible. For more details on family-centered care, go to www.tricare.osd.mil/familycare/default.cfm.

BOTTOM LINE

Quality Care at it's Best